

Amendments to the Claims

Claim 1 (Original): A process executed by a computer system for facilitating the provision of health care to a patient, including the steps of:

receiving patient data relating to the health of a patient;

processing said patient data to determine a risk status providing an indication of risk to the patient's health;

selecting a health care provider to attend said patient on the basis of said risk status; and

transmitting directions to respective health care provider to attend the patient,

wherein a direction is transmitted to a health care provider in response to non-receipt of a confirmation that a previously directed health care provider has attended the patient within a corresponding time period.

Claim 2 (Original): A process as claimed in claim 1, wherein said direction includes said risk status.

Claim 3 (Original): A process as claimed in claim 1, wherein said direction includes said risk status and at least part of said patient data.

Claim 4 (Original): A process as claimed in claim 1, wherein a direction is transmitted to a health care provider in response to non-receipt of an acceptance of a previously transmitted direction from a previously directed health care provider within a corresponding time period.

Claim 5 (Original): A process as claimed in claim 1, wherein a direction is transmitted to a health care provider in response to receipt of a rejection of a previously transmitted direction from a previously directed health care provider within a corresponding time period.

Claim 6 (Original): A process as claimed in claim 1, wherein the corresponding time period is determined by the patient's risk status.

Claim 7 (Original): A process as claimed in claim 1, including redetermining the risk status for the patient in response to non-receipt of a confirmation that a previously directed health care provider has attended the patient within a corresponding time period, the redetermined risk status providing an indication of increased risk to the patient's health.

Claim 8 (Original): A process as claimed in claim 7, wherein each transmitted direction includes an indication of the corresponding risk status for the patient.

Claim 9 (Original): A process as claimed in claim 1, wherein said patient data includes a plurality of health parameters of said patient.

Claim 10 (Original): A process as claimed in claim 9, wherein said risk status is determined on the basis of said plurality of health parameters and a not for-resuscitation (NFR) status of said patient.

Claim 11 (Original): A process as claimed in claim 9, wherein said risk status is determined on the basis of said plurality of health parameters and one or more co-morbidity factors.

Claim 12 (Original): A process as claimed in claim 9, wherein said plurality of health parameters includes at least two of blood pressure, heart rate, respiration rate, oxygen saturation, consciousness level, urine output, temperature, level of consciousness and pain score.

Claim 13 (Original): A process as claimed in claim 9, wherein said step of processing said patient data includes processing said plurality of health parameters to determine measures of risk, and determining said risk status on the basis of said measures of risk.

Claim 14 (Original): A process as claimed in claim 13, wherein said measures of risk correspond to respective health systems of said patient.

Claim 15 (Original): A process as claimed in claim 14, wherein said health systems of said patient include neurological, respiratory, cardiovascular, urinary, and temperature health systems.

Claim 16 (Original): A process as claimed in claim 13, wherein said risk status is selected from a plurality of predetermined risk status levels.

Claim 17 (Original): A process as claimed in claim 16, wherein said measures of risk are selected from a plurality of predetermined risk levels.

Claim 18 (Original): A process as claimed in claim 17, wherein said determining includes:

if one or more of said measures of risk is equal to the highest of said plurality of predetermined risk levels, then selecting said risk status as the highest of said plurality of predetermined risk status levels; and

otherwise, if two or more of said measures of risk are greater than the lowest of said plurality of predetermined risk levels, then selecting said risk status as the highest of said two or more measures of risk, and incrementing said risk status by one level unless said risk status is equal to the highest of said plurality of predetermined risk levels.

Claim 19 (Original): A process as claimed in claim 13, wherein said risk status is determined on the basis of first rules applied to said measures of risk.

Claim 20 (Original): A process as claimed in claim 19, wherein the measures of risk are determined on the basis of second rules applied to at least some of said health parameters.

Claim 21 (Original): A process as claimed in claim 19, wherein said first rules and said second rules are configurable by a riser.

Claim 22 (Original): A process as claimed in claim 18, wherein said determining further includes incrementing said risk status by one level if a selected health care provider has not responded to said direction.

Claim 23 (Original): A process as claimed in claim 22, wherein said determining further includes limiting the level of said risk status to less than the highest of said plurality of predetermined risk levels unless the patient is experiencing a life-threatening event.

Claim 24 (Original): A process as claimed in claim 22, wherein said determining further includes limiting the level of said risk status to less than the highest of said plurality of predetermined risk levels if the patient is subject to a not-for-resuscitation order, even if the patient is experiencing a life-threatening event.

Claim 25 (Original): A process as claimed in claim 1, wherein the direction is transmitted to one or more wireless devices of said health care provider.

Claim 26 (Original): A process as claimed in claim 1, wherein the direction is transmitted to a first device associated with said health care provider, and the process includes transmitting said direction to a second device associated with said health care provider if said health care provider does not reply to said direction.

Claim 27 (Original): A process as claimed in claim 1, wherein the direction is transmitted to at least two devices associated with said health care provider at the same time if said risk status is indicative of a significant health risk to said patient

Claim 28 (Original): A process as claimed in claim 25, wherein said one or more wireless devices includes one or more of a telephone, a personal data assistant, and a portable computing device.

Claim 29 (Original): A process as claimed in claim 1, including receiving availability data indicating the availability of at least one health care provider, wherein a health care provider is selected only if said health care provider is available to attend said patient.

Claim 30 (Original): A process as claimed in claim 1, wherein said step of selecting includes selecting a type of health care provider on the basis of said risk status.

Claim 31 (Original): A process as claimed in claim 30, wherein the type of health care provider includes one of a nurse, a doctor, a registrar, a consultant, and a cardiac arrest response team.

Claim 32 (Original): A process as claimed in claim 31, wherein said step of selecting includes selecting a health care provider of the selected type on the basis of availability data indicating the availability of the health care provider to attend said patient.

Claim 33 (Original): A process as claimed in claim 1, wherein the direction transmitted to said health care provider includes an intervention activity associated with said risk status.

Claim 34 (Original): A process executed by a computer system for facilitating the provision of health care to a patient, including the steps of:

receiving patient data relating to the health of said patient;

determining a risk status of said patient based on said patient data;

transmitting a first direction to a first health care provider to attend the patient, the first direction including the risk status of the patient;

determining whether the first health care provider confirms attendance at the patient; and .

transmitting a second direction to a second health care provider to attend the patient if attendance by the first health care provider was not confirmed.

Claim 35 (Original): A process as claimed in claim 34, wherein the second direction includes an increased risk status of the patient.

Claim 36 (Original): A process as claimed in claim 35, wherein the first direction includes a first time period for attending the patient, and the second direction includes a second time period for attending the patient.

Claim 37 (Original): A process as claimed in claim 36, wherein the first time period is associated with the determined risk status, and the second time is associated with the increased risk status.

Claim 38 (Original): A process as claimed in claim 36, wherein the second time period is equal to or less than the first time period.

Claim 39 (Original): A process as claimed in claim 36, wherein the process further includes the steps of:

determining whether the health care provider confirms attendance at the patient within the second period; and

transmitting a third direction to a third health care provider to attend the patient if attendance by the second health care provider was not confirmed within the second time period.

Claim 40 (Original): A process as claimed in claim 39, wherein the third direction includes a further increased risk status of the patient.

Claim 41 (Original): A process as claimed in claim 39, wherein the third direction includes a third time period for attending the patient, the third time period being less than the second time period.

Claim 42 (Original): A process as claimed in claim 34, including:

(i) determining whether the most recently directed health care provider confirms attendance at the patient within a corresponding time period;

(ii) re-determining the risk status of the patient, the redetermined risk status providing an indication of increased risk to the patient's health due to non-attendance of a health care provider at the patient;

(iii) selecting a further one of a plurality of health care providers on the basis of the redetermined risk status;

- (iv) transmitting a direction to the selected health care provider to attend the patient;
- and
- (v) repeating steps (i) to (iv) until attendance by a health care provider at the patient is confirmed.

Claim 43 (Original): A patient care process executed by a computer system, including the steps of

- (i) determining a risk level representing a risk to a patient's health;
- (ii) selecting one of a plurality of health care providers to attend the patient on the basis of the determined risk level;
- (iii) requesting the selected health care provider to attend the patient; and
- (iv) repeating at least steps (ii) to (iii) if the patient is not attended by the selected health care provider within a corresponding time period.

Claim 44 (Original): A patient care process as claimed in claim 43, wherein the step of repeating includes repeating at least steps (i) to (iii) if the patient is not attended by the selected health care provider within a corresponding time period.

Claim 45 (Currently amended): A health care system having components for executing the steps of ~~any one of claims 1 to 44~~ claim 1.

Claim 46 (Currently amended): A computer readable storage medium having stored thereon program instructions for executing the steps of ~~any one of claims 1 to 44~~ claim 1.

Claim 47 (Original): A system for facilitating the provision of health care to one or more patients, including:
computerised means for logging patient data relating to health of said one or more patients;
an administration system in communication with said computerised means and configured to determine a risk status of each of said one or more patients based on the patient data, said administration system being further configured to, for each patient;

transmit a first direction to a first health care provider to attend the patient, depending on the risk status of the patient;
determine whether the first health care provider has confirmed attendance at the patient within a first time period; and
transmit a second direction to a second health care provider to attend the patient within a second time period if attendance by the first health care provider was not confirmed.

Claim 48 (Original): A system as claimed in claim 47, wherein the second time period is equal to or less than the first time period.

Claim 49 (Original): A system as claimed in claim 47, wherein the first and second directions are effected by automatic transmission of a message to portable electronic devices associated with the respective first or second health care providers.

Claim 50 (Original): A system as claimed in claim 49, wherein the first and second directions are transmitted as wireless communications.

Claim 51 (Original): A system as claimed in claim 47, wherein the patient data includes data relating to a plurality of health parameters.

Claim 52 (Original): A system as claimed in claim 47, wherein the first direction is only transmitted when the risk status is equal to or above a threshold level.

Claim 53 (Original): A system as claimed in claim 47, wherein the first and second directions include information concerning the risk status of the patient.

Claim 54 (Original): A system as claimed in claim 47, wherein the first and second directions include a request to confirm that the relevant health care provider intends to comply with the direction.

Claim 55 (Original): A system as claimed in claim 47, wherein the administration system increases the risk status of the patient if it determines that the first health care provider has not confirmed attendance at the patient within the first time period.

Claim 56 (Original): A system as claimed in claim 47, wherein the administration system is further configured to determine whether the second health care provider has confirmed attendance at the patient within the second time period and to transmit a third direction to a third health care provider to attend the patient within a third time period if attendance by the second health care provider was not confirmed within the second time period.

Claim 57 (Original): A system, as claimed in claim 56, wherein the third time period is equal to or less than the second time period.

Claim 58 (Original): A system as claimed in claim 47, wherein the computerised means include a plurality of computerised devices networked with, but located remotely from, the administration system.

Claim 59 (Original): A system as claimed in claim 47, wherein each computerised communication device is located nearby the one or more patients.

Claim 60 (Original): A system as claimed in claim 47, wherein the computerised device is a wireless handheld device.

Claim 61 (Original): A system as claimed in claim 47, wherein the computerised device includes a personal computer with appropriate input means for logging the patient data.

Claim 62 (Original): A system as claimed in claim 47, wherein the administration system includes a centralised server having a risk assessment module for determining the risk status and a communications module for transmitting directions to health care providers.

Claim 63 (Original): A system as claimed in claim 47, wherein directions to the health care provider are transmitted to at least two contact devices of the health care provider.

Claim 64 (Original): A system as claimed in claim 63, wherein a direction to the health care provider is transmitted to at least two contact devices of the health care provider at the same time.

Claim 65 (Original): A system as claimed in claim 47, wherein the direction is in the form of a recorded voice message directed to a telephone number associated with the health care provider.

Claim 66 (Original): A system as claimed in claim 47, wherein the administration system is configured to transmit directions to respective health care providers to attend the patient, wherein a direction is transmitted to a health care provider in response to non-receipt of a confirmation that a previously directed health care provider has attended the patient within a corresponding time period.

Claim 67 (Original): A system as claimed in claim 66, wherein the administration system is further configured to re-determine the risk status of the patient in response to non-receipt of said confirmation, the redetermined risk status providing an indication of increased risk to the patient's health due to non-attendance of a health care provider at the patient.

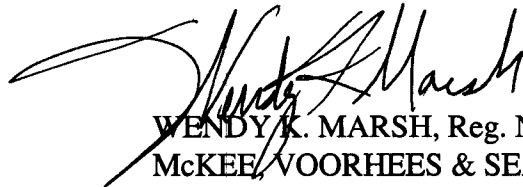
Claim 68 (Original): A system as claimed in claim 67, wherein the administration system is further configured to select a further one of the health care providers on the basis of the redetermined risk status, and to transmit a directions to the selected health care provider to attend the patient.

REMARKS

Claims 1-68 are currently pending in this application. Claims 45 and 46 have been amended to change dependency. The present response is an earnest effort to place all claims in proper form for immediate allowance. Reconsideration and passage to issuance is therefore respectfully requested.

This Preliminary Amendment is being filed with the Transmittal Letter to the United States Designated/Elected Office (DO/EO/US) Concerning a Filing Under 35 U.S.C. § 371 along with our check for the filing fees. No other fees are believed to be due in connection with this amendment and application; however, consider this a request for any fees inadvertently omitted, and charge any additional fees to Deposit Account No. 26-0084.

Respectfully submitted,



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